

# FOREIGN DEPARTMENT

IN CHARGE OF  
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## ORGANIZATION NOTES

### THE LEAGUE OF ST. JOHN'S HOUSE NURSES

A MEETING to inaugurate a League of St. John's House Nurses was held at St. John's House, Norfolk Street, Strand, London, on Saturday, June 15. This is the second league to be formed in England of the nurses of one school, corresponding to our *alumnæ* associations.

St. John's House is an interesting institution, founded in 1848 much on the Kaiserswerth lines, and some of the St. John's sisters went to the Crimea with Miss Nightingale.

The sister superior said in her address in part:

"There are two great objects set before us for the *raison d'être* of our league: first, to keep up a high standard of ethics in the nursing profession, and, next, for mutual help and pleasure. Work in the first place, for we pledge ourselves to promote in every way we can the many interests of our profession, and this involves hard work. And pleasure follows, for there is no pleasure so real as that which comes to fellow-workers in the self-same cause when they can meet together and feel, as well as speak, the joy which comes from united coöperation in the same work."

The objects of the league are:

(a) To elevate and strengthen the profession by endeavoring to maintain a high standard of work and conduct.

(b) To bring about a uniform system of education, certification, examination, and State registration for British nurses.

(c) To promote the usefulness and honor, the financial and other interests, of the nursing profession.

(d) For mutual help, sympathy, and pleasure.

The membership qualification is the certificate of three-years' training, after examination, in a general hospital of not less than fifty beds.

To cover such as were trained in a former less period of time, it is provided that for two years to come nurses who had the shorter training may be elected into membership.

The league intends to publish a half-yearly journal, containing names and addresses of members with their official positions, and items of interest.

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### OUR FOREIGN EXCHANGES

It is with much pleasure we have received the *Nurses' Journal*, the organ of the Royal British Nurses' Association.

We are immediately interested in the Nurses' Settlement which the members of the Royal British Nurses' Association are planning, and would like to know

more about it. It is, evidently, not what we call a Nurses' Settlement on this side, where this name is applied to the coöperative living of a group of nurses who wish to combine a participation in the social life of a neighborhood with district nursing or with independent pursuits, but rather seems to be a plan for club life, without the restrictions of a "home." As the *Journal* says: "In the Nurses' Settlement every care will be taken to procure complete liberty for the residents; each lady will have her own furniture, books, and plants; her own friends, her own opinions, and her own latch-key, probably her own cat. The aim is to provide a pleasant environment, remove all landlord difficulties, and enable the nurse members of the association to live, each as pleases her best, in the independence of thought and action for which the whole tenor of their lives has predisposed them.

"It is desired to build quarters for twenty nurses, in which they may live as independently as in lodgings, but with all the comforts of home life. Each inmate will be required to have a small income of her own, as no board will be provided."

We are also glad to receive the *Danish Nursing Journal*, the last number of which contains the annual report of the Danish Nurses' Association. We hope soon to have an abstract made of this report.

The *Nursing Record* has devoted considerable space in several numbers, ending with that of June 15, to an exhaustive review of a thesis by Anna Emilie Hamilton, M.D., a French woman, entitled "Considerations sur les Infirmières des Hôpitaux." The review has been most interesting, and this full and serious thesis, being indeed a monograph upon the nursing of Continental hospitals, must be of extreme value, and though written by a medical woman, and so not strictly included among books written by nurses, we shall hope to obtain a copy of it to present in our exhibit of books and papers at the Congress.

We quote the concluding remarks of the *Nursing Record*:

"The conclusion forced upon us from studying this most interesting thesis is that nursing in French hospitals is far behind that in many other European countries, notably Great Britain, Germany, Holland, and Sweden. There is also reason to fear that it will be some time before the standard of nursing in France attains to the level of these more progressive countries, inasmuch as the question closely involves that of religion and religious orders. It is only necessary to visit Holland and Belgium to see that the nursing of hospitals in the hands of religious orders, as is the case in Belgium, is immeasurably inferior to the standard in Holland, where lay nurses are employed. The position in France is much the same as that in Belgium, and it is probable that in both these countries we shall have the sad spectacle of the good done by scientific medicine minimized or spoilt in hospital treatment until the scientific aspect of nursing is recognized. We look forward with much pleasure to hearing the report which Dr. Hamilton is preparing on the present condition of nursing in France for presentation to the International Council of Nurses at Buffalo in September."

The interest of this report and of the comments of the *Nursing Record* is heightened by the fact, just come to the knowledge of THE AMERICAN JOURNAL OF NURSING, that the new director of the "Assistance Publique" of Paris is having a report prepared on hospital nurses in the United States, England, and Germany, towards the preparation of which report material is now being obtained descriptive of the systems of nursing in these countries

## LETTERS

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MISS TURNER, a graduate of Bellevue Hospital, writes from Las Animas Hospital, Cuba:

"This hospital is designed for all contagious diseases, but we get more yellow-fever than anything else. During 1900 we had about two hundred and seventy cases, and two-thirds of them were Americans. A great many Spaniards have yellow-fever, but most of them are treated in the Cuban hospital.

"You people of the North think yellow-fever is much worse than it really is. A bad case cannot, it is true, be much exaggerated, but there are many light cases, and there are other diseases having a higher death-rate, the worst of which is tuberculosis; never advise any one with phthisis to go to Cuba, for they would not live long. October and November were our worst months. We then had a large number of cases, and the disease seemed to be of a more malignant type.

"The ward work is very hard and trying. Each ward contains several small rooms, and yellow-fever patients must be constantly classified and the milder cases kept separated from the more severe ones. Before death they are nearly always delirious, and we give them single rooms, have boards at the side of the bed, and a man constantly sitting beside them. Each case is like a case on private duty, and the treatment cold water, very little medication being used. Every patient has a cleansing bath each morning and clean linen. For a week, more or less, no milk or nourishment of any sort is given, as the stomach usually will retain nothing. Then we begin with half an ounce or an ounce once in three hours. If that is retained we increase gradually. Beef tea is given in case there is no albumen in the urine. We also give them ice-cream, and when they begin to eat they are fed about like typhoids. Every patient must take plenty of water in order to keep the kidneys well flushed. They can have plain ice-water, limeade, Vichy, Apollinaris, almost any mineral water, and ginger ale, the idea being to get them to take as much fluid as possible. When they come in they have a large dose of castor-oil or calomel and jalap, and afterwards an enema daily until the worst of the disease is over.

"During the early stages, when there is much pain, we frequently give five grains of phenacetine; then they have ice-caps to the head, hot-water bags wherever they are wanted, mustard pastes over the epigastrium for nausea, and ice-sponges or ice-water enemata whenever the temperature reaches 103°. If the urine is deficient, saline solutions are given per rectum, six ounces every four hours.

"The charting work is enormous, as the most minute thing is recorded. Every ounce of water given must be put down, with the time. Urine is measured and recorded, and a specimen saved daily until convalescence is established. It is examined in the ward, that no mistake may be made, and tubes are labelled, corked, and saved for comparison. Night records are kept in red ink up to seven A.M. All excreta from patients is carried to a crematory and nothing emptied into the plumbing.

"The hospital is under the control of the Sanitary Department, of which Major Gorgas is the head. We think he is the best man alive. Last year he personally looked after every detail, and we were happy, no matter how hard

the work. He was never too busy to attend to the smallest detail or to try and right everybody's wrongs, and is the most unselfish humanitarian.

"Just now all the yellow-fever experts are wild over the mosquito and expect to carry on their experiments here. None of the *Culex* mosquitoes are found here, so they are imported for experimental work. Our wards are all most carefully screened, as the doctors believe that the disease is propagated by the mosquito.

"We nurses do not fear the disease at all, and believe the risk is no greater than in nursing typhoid. Eight out of our twelve nurses were non-immunes, and most of our help, yet no one contracted it. Every nurse who has the opportunity should do some yellow-fever work, as it is most interesting. A nurse who has had experience can easily diagnose a well-marked case anywhere. The odor alone is diagnostic, though some doctors say they do not notice it."

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#### A WEST INDIAN HOSPITAL

THE notes following are taken from a letter from Miss Louise Greenwood, of Buffalo:

"In the beautiful little island of Barbadoes, the most eastward of the Windward group, there is one of the oldest and largest of West Indian hospitals. It was named for the late Queen Victoria, and was built about sixty years ago, when she was just beginning her reign. It stands overlooking the sea, on Hastings Road, in the outskirts of Bridgetown, the capital of the island.

"Barbadoes belongs to England and was settled by the English in 1605. It is the head-quarters of the British army and navy in the West Indies, and some regiments of redcoats are always to be seen in the town, with a naval vessel or two in the harbor. The Victoria Hospital is a large stone structure, surrounded by a high stone wall, which gives it an appearance of dignity fully borne out by the old colored porter at the door, dressed in red and blue uniform. The visitor is treated with much courtesy and conducted to the resident physician, who shows one over the hospital.

"The two hundred and thirty-six beds are invariably filled, a majority of the patients being colored. There is a training-school for colored women nurses, superintended by a nurse from one of the New York hospitals. The pupils are not taught to take temperatures or give hypodermic injections, and this naturally throws more work on the resident physicians.

"The junior resident was a graduate of one of the Philadelphia medical schools and had had post-graduate work in New York.

"Elephantiasis is a common disease among the colored people in hot climates, and a number of cases in the wards were so bad as to require amputation of both legs. One sees many patients on the streets with one or both feet and legs swollen to three times the natural size."

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#### ST. LAZARUS'S DAY HELD AT THE LEPER HOSPITAL, MANILA

THOUSANDS of the friends and relatives of the lepers now confined in San Lazaro Hospital availed themselves of the opportunity to visit the patients on St. Lazarus's Day. This is the only day in the year when outsiders or the general Filipino public are admitted. The privilege is in commemoration of Lazarus, the Scriptural beggar, who is the patron saint of the hospital.

The hospital is situated on Calle Cervantes. So crowded was the road with the stream of natives that one was compelled to jostle his way through. On entering the outer gate the usual crowd of halt and maimed were found begging, imploring the passer-by in heart-melting tones to spare them a penny, for God's sake.

Inside the visitors were compelled to keep moving continuously in order to prevent a blockade in the halls, so numerous was the crowd. The cots of the patients were littered with cigars, cakes, sweetmeats, and coppers, contributions from the visitors who took pity upon the sufferers. Some of the patients seemed to be comparatively happy, while others had a look of settled melancholy upon their faces. One man who had been brought in from the provinces a week or two ago, and had not seen his wife or little child since, went into a transport on meeting them again. He hugged the little one to his breast repeatedly until seen by Dr. Sanderson, who is in charge. The doctor ordered him to lay the child down, explaining the danger of infection.

There are in all about eighty leprous patients in the hospital. Dr. Sanderson's plan is to keep their minds occupied as much as possible, and to introduce variety, both in diet and manner of living, as he believes that the monotony of a fish and rice diet and a general stagnation of existence are largely accountable for the generation or propagation of the disease. Partly to avoid this each patient is supposed to do two or three hours' work each day. The doctor expects to be able to promote his plan more fully and more perfectly in the leper island which is to be occupied before long.

Dr. Sanderson has signified his willingness to take charge of the government's leper colony when the time is ripe. It is his intention to introduce his class system there, and by every means to promote the welfare of the lepers. The doctor is optimistic regarding the work. He goes into it solely from a conviction that the leper colony presents a field wherein a man may do good and help his fellow-men.

It may be wondered at that the authorities permitted the meeting of the lepers and their relatives yesterday, but after discussion it was decided that at this season it might be inadvisable to go counter to the time-honored custom of the people. Only those who have violated the "costumbre" can realize the power which this fetich holds over the Filipino people.

